

HOUSE BILL 247

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2002 Regular Session
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By: **Delegates Hammen, Boutin, Branch, Conroy, D. Davis, Doory, Dypski, Eckardt, Finifter, Harrison, A. Jones, Klausmeier, Krysiak, Love, McHale, McIntosh, Morhaim, Nathan-Pulliam, Rosenberg, and ~~Zirkin~~ Zirkin, and Snodgrass**

Introduced and read first time: January 21, 2002
Assigned to: Environmental Matters

Committee Report: Favorable with amendments
House action: Adopted
Read second time: February 12, 2002

CHAPTER _____

1 AN ACT concerning

2 **Arthritis Prevention and Control Act**

3 FOR the purpose of establishing the Arthritis Prevention and Control Program in the
4 Department of Health and Mental Hygiene; defining certain terms; providing
5 for certain findings of the General Assembly related to arthritis; providing for
6 the purposes of the Program; altering the powers and duties of the State
7 Advisory Council on Arthritis and Related Diseases; providing for the duties of
8 the Secretary of Health and Mental Hygiene in administering the Program;
9 providing for the funding of the Program; and generally relating to the Arthritis
10 Prevention and Control Program.

11 BY adding to
12 Article - Health - General
13 Section 13-501, 13-503, 13-504, 13-510, 13-511, and 13-512
14 Annotated Code of Maryland
15 (2000 Replacement Volume and 2001 Supplement)

16 BY repealing and reenacting, with amendments,
17 Article - Health - General
18 Section 13-501, 13-502, 13-503, 13-504, 13-505, and 13-506 to be under the
19 amended subtitle "Subtitle 5. Arthritis Prevention and Control Act"
20 Annotated Code of Maryland
21 (2000 Replacement Volume and 2001 Supplement)

1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
2 MARYLAND, That the Laws of Maryland read as follows:

3 **Article - Health - General**

4 Subtitle 5. [Advisory Counsel on] Arthritis [and Related Diseases] PREVENTION
5 AND CONTROL ACT.

6 13-501.

7 THE ARTHRITIS PREVENTION AND CONTROL PROGRAM IS A PROGRAM IN THE
8 DEPARTMENT FOR THE PURPOSE OF RAISING PUBLIC AWARENESS, EDUCATING
9 CONSUMERS, AND EDUCATING AND TRAINING HEALTH PROFESSIONALS, TEACHERS,
10 AND PROVIDERS ABOUT ARTHRITIS.

11 [13-501.] 13-502.

12 (A) In this subtitle[,] THE FOLLOWING WORDS HAVE THE MEANINGS
13 INDICATED.

14 (B) "Advisory Council" means the State Advisory Council on Arthritis and
15 Related Diseases.

16 (C) "PROGRAM" MEANS THE ARTHRITIS PREVENTION AND CONTROL
17 PROGRAM.

18 13-503.

19 THE GENERAL ASSEMBLY FINDS THAT:

20 (1) ARTHRITIS ENCOMPASSES MORE THAN 100 DISEASES AND
21 CONDITIONS THAT AFFECT JOINTS, THE SURROUNDING TISSUES, AND OTHER
22 CONNECTIVE TISSUES;

23 (2) AS ONE OF THE MOST COMMON FAMILY OF DISEASES IN THE UNITED
24 STATES, ARTHRITIS AFFECTS NEARLY ONE OF EVERY SIX AMERICANS AND WILL
25 IMPACT AN ESTIMATED 60,000,000 PEOPLE BY THE YEAR 2020;

26 (3) ARTHRITIS IS THE LEADING CAUSE OF DISABILITY IN THE UNITED
27 STATES, LIMITING DAILY ACTIVITIES FOR MORE THAN 7,000,000 PEOPLE;

28 (4) ALTHOUGH PREVAILING MYTHS INACCURATELY PORTRAY
29 ARTHRITIS AS AN OLD PERSON'S DISEASE, ARTHRITIS IS A MULTIGENERATIONAL
30 DISEASE THAT HAS BECOME ONE OF THE COUNTRY'S MOST PRESSING HEALTH
31 PROBLEMS;

32 (5) ARTHRITIS HAS A SIGNIFICANT IMPACT ON QUALITY OF LIFE FOR
33 THE INDIVIDUAL EXPERIENCING THE PAINFUL SYMPTOMS AND FOR THE FAMILY
34 MEMBERS AND CAREGIVERS PROVIDING FOR THAT INDIVIDUAL;

1 (6) THE ECONOMIC AND SOCIAL COSTS ASSOCIATED WITH TREATING
2 ARTHRITIS AND THE COMPLICATIONS OF ARTHRITIS ARE ESTIMATED AT ALMOST
3 \$80,000,000,000 ANNUALLY;

4 (7) CURRENTLY, THE CHALLENGE EXISTS TO ENSURE DELIVERY OF
5 EFFECTIVE, BUT OFTEN UNDERUTILIZED, INTERVENTIONS THAT ARE NECESSARY IN
6 THE PREVENTION OR REDUCTION OF ARTHRITIS-RELATED PAIN AND DISABILITY;

7 (8) THE LARGE QUANTITY OF PUBLIC INFORMATION AND PROGRAMS
8 ABOUT ARTHRITIS REMAIN INADEQUATELY DISSEMINATED AND ARE INSUFFICIENT
9 IN ADDRESSING THE NEEDS OF SPECIFIC DIVERSE POPULATIONS AND OTHER
10 UNDERSERVED GROUPS;

11 (9) THE ARTHRITIS FOUNDATION, THE CENTERS FOR DISEASE CONTROL
12 AND PREVENTION, AND THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH
13 OFFICIALS HAVE LED THE DEVELOPMENT OF A PUBLIC HEALTH STRATEGY, THE
14 NATIONAL ARTHRITIS ACTION PLAN, TO ENSURE THE DELIVERY OF EFFECTIVE, BUT
15 OFTEN UNDERUTILIZED INTERVENTIONS THAT ARE NECESSARY IN THE
16 PREVENTION OR REDUCTION OF ARTHRITIS-RELATED PAIN AND DISABILITY; AND

17 (10) EDUCATING THE PUBLIC AND HEALTH CARE COMMUNITY
18 THROUGHOUT THE STATE ABOUT ARTHRITIS IS OF PARAMOUNT IMPORTANCE AND IS
19 IN EVERY RESPECT IN THE PUBLIC INTEREST AND TO THE BENEFIT OF ALL
20 RESIDENTS OF THE STATE.

21 13-504.

22 THE PURPOSES OF THIS SUBTITLE ARE TO:

23 (1) CREATE AND FOSTER A STATEWIDE PROGRAM THAT PROMOTES
24 PUBLIC AWARENESS AND INCREASES KNOWLEDGE ABOUT THE CAUSES OF
25 ARTHRITIS, THE IMPORTANCE OF EARLY DIAGNOSIS AND APPROPRIATE
26 MANAGEMENT, EFFECTIVE PREVENTION STRATEGIES, AND PAIN PREVENTION AND
27 MANAGEMENT;

28 (2) ENHANCE UNDERSTANDING OF ARTHRITIS BY DISSEMINATING TO
29 PATIENTS, HEALTH PROFESSIONALS, AND THE PUBLIC:

30 (I) EDUCATIONAL MATERIALS;

31 (II) INFORMATION ON RESEARCH RESULTS;

32 (III) INFORMATION ON SERVICES PROVIDED; AND

33 (IV) STRATEGIES FOR PREVENTION AND CONTROL;

34 (3) ESTABLISH A SOLID SCIENTIFIC BASE OF KNOWLEDGE ON THE
35 PREVENTION OF ARTHRITIS AND RELATED DISABILITY THROUGH SURVEILLANCE,
36 EPIDEMIOLOGY, AND PREVENTION RESEARCH;

1 (4) UTILIZE EDUCATIONAL AND TRAINING RESOURCES AND SERVICES
2 DEVELOPED BY ORGANIZATIONS WITH APPROPRIATE EXPERTISE AND KNOWLEDGE
3 OF ARTHRITIS AND USE AVAILABLE TECHNICAL ASSISTANCE;

4 (5) EVALUATE THE NEED FOR IMPROVING THE QUALITY AND
5 ACCESSIBILITY OF EXISTING COMMUNITY-BASED ARTHRITIS SERVICES;

6 (6) INCREASE AWARENESS ABOUT THE PREVENTION, DETECTION, AND
7 TREATMENT OF ARTHRITIS AMONG STATE AND LOCAL HEALTH OFFICIALS,
8 PROVIDERS, PROFESSIONALS, AND POLICY MAKERS;

9 (7) IMPLEMENT AND COORDINATE STATE AND LOCAL PROGRAMS AND
10 SERVICES TO REDUCE THE PUBLIC HEALTH BURDEN OF ARTHRITIS; AND

11 (8) IMPROVE THE QUALITY OF LIFE AND CONTAIN HEALTH CARE COSTS
12 FOR INDIVIDUALS WITH ARTHRITIS AND THEIR FAMILIES.

13 [13-502.] 13-505.

14 There is a State Advisory Council on Arthritis and Related Diseases FOR THE
15 PROGRAM.

16 [13-503.] 13-506.

17 (a) (1) The Advisory Council consists of 15 members appointed by the
18 Governor.

19 (2) Of the 15 members:

20 (i) 2 shall be representatives of the physicians and arthritis health
21 professionals at the State's 2 medical schools;

22 (ii) 1 shall be a representative of the Department;

23 (iii) 1 shall be a representative of the Division of Vocational
24 Rehabilitation;

25 (iv) 1 shall be a representative of the Department of Aging;

26 (v) 1 shall be a representative of the Governor's Committee on
27 Employment of the Handicapped;

28 (vi) 3 shall be members of voluntary agencies, including the
29 Maryland Chapter of the Arthritis Foundation, the Maryland Lupus Foundation, and
30 Home Health Care Inc.;

31 (vii) 2 shall be representatives from hospitals or health professionals
32 or both outside of the major metropolitan areas;

33 (viii) 2 shall be representatives from the health care industry,
34 including the pharmaceutical industry and third-party payors; and

1 (ix) 2 shall be arthritic patients or family members of arthritic
2 patients.

3 (b) (1) The term of a member is 4 years.

4 (2) The terms of members are staggered as required by the terms
5 provided for members of the Advisory Council on July 1, 1989.

6 (3) At the end of a term, a member continues to serve until a successor is
7 appointed and qualifies.

8 (4) A member who is appointed after a term has begun serves only for
9 the rest of the term and until a successor is appointed and qualifies.

10 (c) The Governor may remove a member for incompetence or misconduct.

11 [13-504.] 13-507.

12 From among the members of the State Advisory Council, the Governor shall
13 appoint a chairman for a 2-year term.

14 [13-505.] 13-508.

15 (a) A majority of the members then serving on the Advisory Council is a
16 quorum.

17 (b) The Advisory Council shall determine the times and places of its meetings.

18 (c) A member of the Advisory Council:

19 (1) May not receive compensation; but

20 (2) Is entitled to reimbursement for expenses under the Standard State
21 Travel Regulations, as provided in the State budget.

22 (d) The Secretary shall designate the staff necessary to carry out this subtitle.
23 [13-506.] 13-509.

24 In addition to the powers and duties set forth elsewhere in this subtitle, the
25 Advisory Council has the following powers and duties:

26 (1) TO ADVISE THE DEPARTMENT ON THE IMPLEMENTATION OF THE
27 PROGRAM;

28 (2) TO PROVIDE ASSISTANCE TO THE DEPARTMENT IN THE
29 DEVELOPMENT OF THE PROGRAM BY:

30 [(1)] (I) [To study and to make recommendations for] RECOMMENDING
31 an integrated State program of education and applied research in gerontology and
32 geriatrics;

1 [(2)] (II) [To develop and coordinate] DEVELOPING AND COORDINATING
2 programs in vocational rehabilitation and industry designed to assist individuals with
3 arthritis to remain productive members of the State's workforce;

4 [(3)] (III) [To coordinate] COORDINATING the development of a strategic
5 plan of patient education throughout the State, involving State and local health
6 departments, private agencies, pharmaceutical companies, medical schools, and
7 related professional organizations;

8 [(4)] (IV) [To address] ADDRESSING gaps in the delivery of State service
9 and to make recommendations designed to contain costs associated with arthritis
10 prevention, treatment, and vocational training;

11 [(5)] (V) [To coordinate] COORDINATING the activities of public and
12 private agencies, medical schools, and related professional groups to improve the
13 quality of life for individuals with arthritis and their families; and

14 (VI) MAKING ANY OTHER RECOMMENDATIONS FOR CARRYING OUT
15 THE PURPOSES OF THE PROGRAM AS PROVIDED IN § 13-504 OF THIS SUBTITLE; AND

16 [(6)] (3) To submit a report annually to the Governor on the work of the
17 Advisory Council.

18 13-510.

19 THE SECRETARY SHALL:

20 (1) PROVIDE SUFFICIENT STAFF TO IMPLEMENT THE PROGRAM;

21 (2) PROVIDE APPROPRIATE TRAINING FOR STAFF OF THE PROGRAM;

22 (3) IDENTIFY THE APPROPRIATE ORGANIZATIONS TO CARRY OUT THE
23 PROGRAM;

24 (4) BASE THE PROGRAM ON THE MOST CURRENT SCIENTIFIC
25 INFORMATION AND FINDINGS;

26 (5) WORK TO INCREASE AND IMPROVE COMMUNITY-BASED SERVICES
27 AVAILABLE TO PEOPLE WITH ARTHRITIS AND THEIR FAMILY MEMBERS;

28 (6) WORK WITH GOVERNMENTAL OFFICES, NATIONAL VOLUNTARY
29 HEALTH ORGANIZATIONS AND THEIR LOCAL CHAPTERS, COMMUNITY AND BUSINESS
30 LEADERS, COMMUNITY ORGANIZATIONS, AND HEALTH CARE AND HUMAN SERVICE
31 PROVIDERS TO COORDINATE EFFORTS AND MAXIMIZE STATE RESOURCES IN THE
32 AREAS OF PREVENTION, EDUCATION, DETECTION, PAIN MANAGEMENT, AND
33 TREATMENT OF ARTHRITIS; AND

34 (7) IDENTIFY AND, WHEN APPROPRIATE, USE EVIDENCE-BASED
35 ARTHRITIS PROGRAMS AND OBTAIN RELATED MATERIALS AND SERVICES FROM
36 ORGANIZATIONS WITH APPROPRIATE EXPERTISE AND KNOWLEDGE OF ARTHRITIS.

1 13-511.

2 THE OPERATION, MANAGEMENT, AND ADMINISTRATION OF THE PROGRAM
3 SHALL BE FUNDED AS PROVIDED FOR IN THE STATE BUDGET.

4 13-512.

5 THIS SUBTITLE MAY BE CITED AS THE "MARYLAND ARTHRITIS PREVENTION
6 AND CONTROL ACT".

7 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
8 October 1, 2002.